## ISIS PURCHASING/CFMS ACCESS AUTHORITY <u>ISF008 FORM INSTRUCTIONS</u>

Rev. 12/13

This form is to be used to establish AGPS/CFMS agency numbers to which the user should have access. Access to a maximum of 20 AGPS/CFMS numbers may be granted to the user. However, this number can be increased through the use of wild carding. Wild carding may be used in the agency number by entering all "Xs" following the designated level. For example, "107XXX" gives access to all agencies beginning with "107". ("X" may not be imbedded, i.e. surrounded by other digits. Once an "X" is specified, all following characters must also be "X".)

Agencies should consider this 20 agency limit when establishing their AGPS/CFMS agency numbering structure. For example: If 2 people in agency 107 approve transactions for more than 20 of the AGPS/CFMS agency numbers, wild carding must be used. AGPS/CFMS agency numbers  $107\underline{100}$  -  $107\underline{199}$  would be set up for all units for which approver A had responsibility, AGPS/CFMS number  $107\underline{200}$  - $107\underline{299}$  would be set up for all units for which approver B had responsibility, etc. This would allow approver A to wild card the ISIS Purchasing Access Authority form with  $107\underline{1XX}$  and approver B's Purchasing Access Authority form with  $107\underline{1XX}$ .

Current USERID assigned to the user for which a change is requested. If

requesting new USERID, leave blank.

First Name: Name to be assigned to User Identification (USERID).

**Last Name:** Name to be assigned to User Identification (USERID).

**Work Telephone:** Work telephone number where user can be reached.

Internet E-mail Address: Internet E-mail address where correspondence may be sent electronically.

Home AGPS Agency No.: The AGPS agency number (requisitioning unit or purchasing agency) where the

user is located.

**Agency/Department Name:** The name associated with the agency number specified below.

**Supervisor's Name:** Name of the person responsible for supervision over the user's duties.

**Supervisor's Title:** Title of Supervisor

Work Mailing Address: Work mailing address where correspondence may be sent through the United

state Postal Service.

**Action Box:** Check one of the following.

New USERID Add new USERID.

**Note:** Request for new USERID **MUST** be accompanied by an ISF007 form.

Change USERID's AGPS agency number or ability to maintain. (Completely

replaces previously submitted form)

Add additional agency numbers to current access. Previously assigned access

will not be affected.

Delete listed agency numbers from current access. Any other previously

assigned access will not be affected.

## Fill In Table:

Agency Number AGPS agency number to which the user should have access.

**Note:** agency number 107001 is preprinted on the form to allow inquiry to

documents processed by state purchasing.

Maintain (Y/N) Indicator to determine if the user should maintain records based on their security

groups requested on the ISF007 form (Y) or if they should have inquiry

capability only (N).

Urgent This box should only be selected when a processing deadline would not otherwise be met.

An ISF008 form MUST be submitted when requesting a new USERID. An ISF008 form is not needed when deleting an existing USERID or only changing security groups or authorizations.

This form must be completed by the Agency Security Administrator or Security Administrator Alternate.

This form must be printed before being submitted via the web. The copy must be signed by the Agency Security Administrator or Security Administrator Alternate and retained by the agency for audit purposes.